
Larry Caldwell, D.D.S.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgment****

I, _____, have received a copy of this office's *Notice of Privacy Practices*

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written Acknowledgment of receipt of our *Notice of Privacy Practices*, but Acknowledgment could not be obtained because:

- Individual refused to sign
 - Communications barriers prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other (Please Specify)
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